PTO/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37                                                                                                                                                                                                                                                                    | Docket Number (Optional)                                 |                                                                                    |                      |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|----------------------|--|--|
| FY 2005                                                                                                                                                                                                                                                                                                    | 19378.0019                                               |                                                                                    |                      |  |  |
| (Fees pursuant to the Consolidated Appropriations Act, 2005                                                                                                                                                                                                                                                | (H.R. 4818).)                                            | Ellad Dassacher 7 2004                                                             |                      |  |  |
| Application Number 10/005,878                                                                                                                                                                                                                                                                              |                                                          | Filed December 7, 2001                                                             |                      |  |  |
| For METHODS OF CONNECTING AND TESTING IN                                                                                                                                                                                                                                                                   | NTERFACES FOR                                            | R CWDM FIBER-OPTIC                                                                 | SYSTEMS              |  |  |
| Art Unit 2638                                                                                                                                                                                                                                                                                              | t Unit 2638                                              |                                                                                    |                      |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to external application.                                                                                                                                                                                                                         | end the period for fill                                  | ing a reply in the above ide                                                       | ntified              |  |  |
| The requested extension and fee are as follows (check time period                                                                                                                                                                                                                                          | od desired and ente                                      | r the appropriate fee below                                                        | ):                   |  |  |
| [] One worth (27 OFF 4 47(a)(4))                                                                                                                                                                                                                                                                           | Fee                                                      | Small Entity Fee<br>\$60                                                           | s                    |  |  |
| ☐ One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                            | \$120                                                    | ·                                                                                  |                      |  |  |
| Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                             | \$450                                                    | \$225                                                                              | <b>\$</b>            |  |  |
|                                                                                                                                                                                                                                                                                                            | \$1020                                                   | \$510                                                                              | \$ <u>510.00</u>     |  |  |
| Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                            | \$1590                                                   | \$795                                                                              | \$                   |  |  |
| Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                            | \$2160                                                   | \$1080                                                                             | \$                   |  |  |
| <ul> <li>☐ The Director has already been authorized to charge for the Director is hereby authorized to charge any fees</li> <li>☐ Deposit Account Number 19-5127(4019378.0019). I WARNING: Information on this form may become public this form. Provide credit card information and authorized</li> </ul> | which may be rec<br>have enclosed a<br>Credit card infor | quired, or credit any ove<br>duplicate copy of this sh<br>mation should not be inc | rpayment, to         |  |  |
| I am the applicant/inventor.                                                                                                                                                                                                                                                                               |                                                          |                                                                                    |                      |  |  |
| assignee of record of the entire inte                                                                                                                                                                                                                                                                      | rest. See 37 CFF                                         | R 3.71                                                                             | 1                    |  |  |
| Statement under 37 CFR 3.73(b)                                                                                                                                                                                                                                                                             | ) is enclosed. (Fo                                       | orm PTO/SB/96).                                                                    |                      |  |  |
|                                                                                                                                                                                                                                                                                                            | ration Number <u>46</u> ,                                | <u>,495</u>                                                                        |                      |  |  |
| attorney or agent under 37 CFR 1.3                                                                                                                                                                                                                                                                         | 34.                                                      |                                                                                    |                      |  |  |
| Registration number if acting under 37 Cl                                                                                                                                                                                                                                                                  | FR 1.34 •                                                |                                                                                    |                      |  |  |
| MIX                                                                                                                                                                                                                                                                                                        |                                                          | April 7, 2006                                                                      |                      |  |  |
| Signature                                                                                                                                                                                                                                                                                                  |                                                          | Date                                                                               |                      |  |  |
| Chadwick A Jackson                                                                                                                                                                                                                                                                                         |                                                          | 202-424-7500                                                                       |                      |  |  |
| Typed or printed name                                                                                                                                                                                                                                                                                      | ntoroot or their reserve                                 | Telephone Number                                                                   | it multiple forms if |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire is more than one signature is required, see below.                                                                                                                                                                              |                                                          | entative(s) are required. Submi<br>11/2006 MBEYENE1 000000                         | -                    |  |  |
| ☐ Total of 2 forms are submitted.                                                                                                                                                                                                                                                                          |                                                          | FC:2253 519.99 D                                                                   |                      |  |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

|                                                                                                                                                                                                                                         | Effective on 12/0<br>nsolidated Appro |                    | 005 (H.R. 4818).      | Complete if Known |                                      |                             |                            |                             | _        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------|-----------------------|-------------------|--------------------------------------|-----------------------------|----------------------------|-----------------------------|----------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).                                                                                                                                                                 |                                       |                    |                       | tion Number       | 10/005,878                           |                             |                            |                             |          |  |
| O' FEE TRANSMITTAL                                                                                                                                                                                                                      |                                       | Filing D           | ate                   | December 7, 2001  |                                      |                             |                            |                             |          |  |
| APR 07 2005 For FY 2005                                                                                                                                                                                                                 |                                       |                    | First Na              | med Inventor      | Tommy Lindblad                       |                             |                            |                             |          |  |
| Applicant class small entity status. See 37 CFR 1.27                                                                                                                                                                                    |                                       |                    | Examin                | er Name           | Hanh Phan                            |                             |                            |                             |          |  |
| TOTAL AMOUNT OF PAYMENT (\$) 510.00                                                                                                                                                                                                     |                                       | Art Unit           |                       | 2638              |                                      |                             |                            |                             |          |  |
|                                                                                                                                                                                                                                         |                                       | Attorne            | Docket No.            | 19378.0019        |                                      | ノ                           |                            |                             |          |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :                                                                                                                                                                  |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| Deposit Account Deposit Account Number: 19-5127(4019378.0019) Deposit Account Name: Bingham McCutchen LLP                                                                                                                               |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                                                                  |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| ⊠ Char                                                                                                                                                                                                                                  | ge fee(s) indica                      | ated below         |                       |                   | Char                                 | ge fee(s) indicate          | d below, excep             | ot for the filing fee       |          |  |
|                                                                                                                                                                                                                                         | ge any additior                       |                    | nderpayments          | of fee(s)         | ⊠ Credi                              | it any overpayme            | nts                        |                             |          |  |
| Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card                                                                        |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| information and authorization on PTO-2038.                                                                                                                                                                                              |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| FEE CALCULATIO                                                                                                                                                                                                                          | N                                     |                    |                       |                   |                                      |                             |                            |                             |          |  |
| 1. BASIC FILING,                                                                                                                                                                                                                        |                                       |                    |                       |                   | <del></del> -                        | PRA                         | ATION SEES                 |                             |          |  |
|                                                                                                                                                                                                                                         | FILING                                | SFEES<br>Small En  |                       | EARCH             | FEES<br>Small Entity                 |                             | ATION FEES<br>Small Entity |                             |          |  |
| Application Typ                                                                                                                                                                                                                         | e Fee (\$                             |                    |                       | ee(\$)            | Fee(\$)                              | <u>Fee(\$)</u>              | Fee(\$)                    | Fees Paid (\$)              |          |  |
| Utility                                                                                                                                                                                                                                 | 300                                   | 150                | 50                    | 00                | 250                                  | 200                         | 100                        |                             | l        |  |
| Design                                                                                                                                                                                                                                  | 200                                   | 100                | 10                    | 00                | 50                                   | 130                         | 65                         |                             |          |  |
| Plant                                                                                                                                                                                                                                   | 200                                   | 100                | 30                    | 00                | 150                                  | 160                         | 80                         |                             |          |  |
| Reissue                                                                                                                                                                                                                                 | 300                                   | 150                | 50                    | 00                | 250                                  | 600                         | 300                        |                             |          |  |
| Provisional                                                                                                                                                                                                                             | 200                                   | 100                |                       | 0                 | 0                                    | 0                           | 0                          |                             |          |  |
| 2. EXCESS CLAIM                                                                                                                                                                                                                         | /I FEES                               |                    |                       |                   |                                      |                             |                            | <b>Small Entity</b>         |          |  |
| Fee Description                                                                                                                                                                                                                         |                                       |                    |                       |                   |                                      |                             | <u>Fee (\$)</u>            | <u>Fee (\$)</u>             |          |  |
| Each claim over 20 (including Reissues) 50 25                                                                                                                                                                                           |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| Each independent                                                                                                                                                                                                                        |                                       | (including Re      | eissues)              |                   |                                      |                             | 200<br>360                 | 100<br>180                  |          |  |
| Multiple depender Total Claims                                                                                                                                                                                                          | _                                     | Claims             | Fee(\$)               | Fee               | Paid (\$)                            |                             |                            | Dependent Clain             | ns       |  |
| -20 o                                                                                                                                                                                                                                   |                                       | х                  | . 55(4)               | =                 |                                      |                             | Fee (\$                    |                             | _        |  |
| HP = highest numb                                                                                                                                                                                                                       |                                       | _                  | ater than 20.         |                   |                                      |                             |                            | <u> </u>                    | _        |  |
| Indep. Claims                                                                                                                                                                                                                           |                                       | Claims             | Fee(\$)               | Fee               | Paid (\$)                            |                             |                            |                             |          |  |
| 3 or                                                                                                                                                                                                                                    |                                       | x                  |                       | =                 | <del></del>                          |                             |                            |                             |          |  |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                  |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| 3. APPLICATION SIZE FEE                                                                                                                                                                                                                 |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).                                                                                                                                                               |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| Total She                                                                                                                                                                                                                               |                                       | Sheets M           | <u>lumber of éa</u>   | ach addi          | <u>tional 50 or</u>                  | fraction there              | of <u>Fee (\$)</u>         | Fee Paid (\$)               |          |  |
| 100 = / 50 = (round <b>up</b> to a whole number) x =                                                                                                                                                                                    |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
|                                                                                                                                                                                                                                         |                                       |                    |                       |                   |                                      |                             | Fees Paid (\$)             |                             |          |  |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                         |                                       |                    |                       |                   |                                      |                             | ` <b></b>                  |                             |          |  |
| Other (e.g., late filing surcharge): Petition for Extension of Time 3 months \$510.00                                                                                                                                                   |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
|                                                                                                                                                                                                                                         |                                       |                    |                       |                   |                                      |                             |                            |                             |          |  |
| SUBMITTED BY                                                                                                                                                                                                                            | <del>- /</del>                        | 4                  | _/\                   | <del>ा</del> अ    | Decistration No.                     | ·                           |                            | <del> </del>                |          |  |
| Signature                                                                                                                                                                                                                               |                                       |                    |                       |                   | Registration No.<br>(Attorney/Agent) | 46,495                      | Telephon                   | e 202-424-7500              | <u> </u> |  |
| Name (Print/Type) Chadwick A. Jackson Date                                                                                                                                                                                              |                                       |                    |                       |                   |                                      |                             | April 7, 2006              |                             |          |  |
| This collection of information is                                                                                                                                                                                                       | recificad by 37 CEI                   | 2 1 136 The inform | nation is required to | o obtain or ret   | ain a benefit by the                 | a public which is to file ( | and by the USPTO           | to process) an application. |          |  |

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